			D.E.
ar cc	or use by recipient committees, except controlled committees, that have not received ny contributions and have not made any expenditures during the six-month period overed by a semi-annual statement. Committees controlled by an officeholder or andidate may not use this form.		97 JUL 30 For Official Use Only
Of	OTE: If the committee had, at any time during the year, any outstanding loans made received, this form may not be used for the semi-annual statement on which the Annual Report of Outstanding Loans" must be completed.	,	ALICATI, REMICHE CITY CLERK CITY OF LODI
一	Recipient Committee Information		
	NAME OF COMMITTEE I.D. NUMBER	NAME OF TREASURER	
	Citizen's Wath Committee 930305 ADDRESS OF COMMITTEE (NO. AND STREET)	Chery L. Reir	
	823 Sylvia Dr CA 95240	PERMANENDADDRESS OF TREASURER (NO. AND STREET)	
	CITY STATE ZIP CODE	CITY Look:	STATE ZIP CODE CR 95240
	209 32-1-94910 or 368-4802 AREA CODE/PHONE NUMBER	AREA CODE/DAYTIME PHOP	NE NUMBER
		209 334-9496 or 368-4902	
<u></u>	Period of No Activity No contributions have been received and no expenditures have been made during the period covering the dates below: Check one of the following boxes and complete the year.		
	☐ January 1, through June 30, 19	h December 31, 19	<u>X97</u>
III	Verification		
	I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
	Executed on 17-30-97 At Local CA CITY AND STATE	By Cheryly	RIENEL SIGNATURE OF TREASURER

Type or print in ink.

Semi-Annual Statement of No Activity

STATEMENT OF NO ACTIVITY